

**HOME AND COMMUNITY BASED SERVICES WAIVER CONSUMER
STANDARD ANNUAL REVIEW**

DS 2201 (6/2005) (Electronic Version)

Name:
UCI:
Date of Annual Review:

(File with annual reviews in consumer's record)

1. Review of the consumer's general health status was completed on _____.

Summary of Health Status Review*(Note any concerns and indicate if any referrals have been made to regional center clinicians, the consumer's physician, or other health resources)*

2. The IPP Planning Team has reviewed the consumer's IPP, dated _____, and has determined that no new services or supports are required, and the IPP remains appropriate to meet the consumer's needs and wants.

Explain why no changes are necessary to the current IPP

3. The IPP Planning Team has reviewed the consumer's IPP, dated _____, and amended the IPP to include the following new service(s) or support(s).
4. The IPP Planning Team has reviewed the consumer's CDER, dated _____, and determined that no changes are necessary.
5. The IPP Planning Team has reviewed the consumer's CDER, dated _____, and a new updated CDER was completed on _____.

IPP Planning Team Signatures

1. Name: _____ Date: _____ (Consumer)
2. Name: _____ Date: _____ (Service Coordinator)
3. Name: _____ Date: _____ ()
4. Name: _____ Date: _____ ()